

**OFFICE OF CONGRESSMAN BOB CLEMENT
INTERN APPLICATION – WASHINGTON OFFICE**

Please include with this application a letter of reference, resume and brief writing sample (not more than 2 pages) explaining why you want to intern for Rep. Clement and what you hope to gain from the experience. Your application will NOT be processed until it is complete. Please call for deadlines that might apply.

Name: _____ Date of Birth: _____

Current street address: _____

City: _____ State: _____ Zip code: _____

Current telephone number: _____ SSN#: _____

This information is good until (you will be notified by mail): _____

List Colleges/ Universities attended: _____

Degree completed? _____ If not, what is your classification? _____

Major: _____ Minor: _____ Overall G.P.A.: _____

List graduate schools attended and programs enrolled in and/or completed:

Permanent street address: _____

City: _____ State: _____ Zip code: _____

Parents' names: _____

Parents' street address (if different): _____

City: _____ State: _____ Zip code: _____

Parents' home phone number(s): _____

Father's work telephone: _____

Place of employment: _____ Position: _____

Mother's work telephone: _____

Place of employment: _____ Position: _____

What computer experience do you have? _____

Summer internships normally fall somewhere between May and August. What dates during that time period are you available? _____

Are there any dates when you are *definitely not* available? _____